



June 20th & 21st, 2009
Hobby Horse Farm, Coldbrook, N.S.

HORSE TRIALS N.S. presents
a clinic with Olympic
and World Equestrian Games rider: IAN ROBERTS

- \$175.00 member Horse Trials/Pony Club
- \$200.00 non-member
- - Waivers **MUST** be signed!

Make cheques payable to: Horse Trials Nova Scotia

Rider _____ HT/PC Member # _____
Owner _____ NSEF # _____
Address: _____ Phone/email: _____
_____ P.C. _____
Name of Horse: _____ HH _____
Rider Level: _____
Horse Level: ___Entry___ PT ___ Training ___ Prelim

Stabling and Accommodations : Please contact Leslie Wade
(902) 679-4538

Stabling = \$25./night

Accommodations = \$30/person/night (BYOB) \$40. without sleeping bag

Read MORE about *Ian Roberts* Visit www.dreamcrest.com
And www.canadianequestrianteam.ca

Mail to: Horse Trials Clinics

60 Rockwell Drive, Mt. Uniacke, N.S. B0N 1Z0 Tel: (902) 866-3889
email: ShalaStables@eastlink.ca

HORSE TRIALS NOVA SCOTIA

ACCEPTANCE OF RISK FORM – Waiver MUST be signed!

I acknowledge that horseback riding, in particular, cross-country jumping, is a high risk and dangerous sport, and that I am participating at my own risk in full knowledge that there is some element of risk that an accident could occur and result in injury or death to the rider and/or their mount.

In consideration of participating, I hereby assume all risk and I hereby release and absolve: HORSE TRIALS N.S.; CANADIAN EVENTING AND ITS DIRECTORS; THE PROPERTY OWNERS AND THEIR EMPLOYEES/VOLUNTEERS; AND THE CLINICIAN(s) from all responsibility, liability or claims of any nature or kind which I or my heirs may have arising from my participation in this activity, including, but not limited to, bodily injury or death to myself or my horse(s) and damage to property arising from any cause whatsoever, including negligence.

I hereby declare that in signing this document that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

*** I/We confirm that there is liability coverage in force with respect to the ownership of this horse(s):** () Yes () No
Specify _____

Horse Owner _____
Please Print

Rider: _____
Please print

Date: _____

Signature of Parent/Guardian if RIDER is under 18 years of age:

Please Print